

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	10/24/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		16800	11/29

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral) Canceled	A	Appeal
<input type="checkbox"/>	Restricted	O	Objected

Claim	Original	Amend.	Amend.	Amend.	Date
1	✓	✓	✓	✓	
2	✓	✓	✓	✓	
3	✓	✓	✓	✓	
4	✓	✓	✓	✓	
5	✓	✓	✓	✓	
6	✓	✓	✓	✓	
7	✓	✓	✓	✓	
8	✓	✓	✓	✓	
9	✓	✓	✓	✓	
10	✓	✓	✓	✓	
11	✓	✓	✓	✓	
12	✓	✓	✓	✓	
13	✓	✓	✓	✓	
14	✓	✓	✓	✓	
15	✓	✓	✓	✓	
16	✓	✓	✓	✓	
17	✓	✓	✓	✓	
18	✓	✓	✓	✓	
19	✓	✓	✓	✓	
20	✓	✓	✓	✓	
21	✓	✓	✓	✓	
22	✓	✓	✓	✓	
23	✓	✓	✓	✓	
24	✓	✓	✓	✓	
25	✓	✓	✓	✓	
26	✓	✓	✓	✓	
27	✓	✓	✓	✓	
28	✓	✓	✓	✓	
29	✓	✓	✓	✓	
30	✓	✓	✓	✓	
31	✓	✓	✓	✓	
32	✓	✓	✓	✓	
33	✓	✓	✓	✓	
34	✓	✓	✓	✓	
35	✓	✓	✓	✓	
36	✓	✓	✓	✓	
37	✓	✓	✓	✓	
38	✓	✓	✓	✓	
39	✓	✓	✓	✓	
40	✓	✓	✓	✓	
41	✓	✓	✓	✓	
42	✓	✓	✓	✓	
43	✓	✓	✓	✓	
44	✓	✓	✓	✓	
45	✓	✓	✓	✓	
46	✓	✓	✓	✓	
47	✓	✓	✓	✓	
48	✓	✓	✓	✓	
49	✓	✓	✓	✓	
50	✓	✓	✓	✓	

Claim	Date
Final	Original
51	✓ ✓ ✓
52	✓ -
53	✓ ✓ ✓
54	✓ -
55	✓ ✓ ✓
56	✓ ✓ ✓
57	✓ ✓ ✓
58	✓ ✓ ✓
59	✓ ✓ ✓
60	✓ -
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Claim	Date
Final Orbital	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEPPINSIDE)